

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2007
Secretary of State

DOCUMENT# N95000002162

Entity Name: SYNERGY HEALTH CENTERS, INC.

Current Principal Place of Business:

318 MARTIN LUTHER KING BLVD
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

5508 N. 50TH STREET
SUITE 1A
TAMPA, FL 336104804 US

New Mailing Address:

FEI Number: 59-3311648 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNOX, VIRGIA L
3626 CORD GRASS DRIVE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MONROE, MACK
Address: 3002 ST. CONRAD STREET
City-St-Zip: TAMPA, FL 33607 US

Title: D () Delete
Name: SCOTT, ROBERT R
Address: 3604 RIVERGROVE DRIVE
City-St-Zip: TAMPA, FL 33610 US

Title: D () Delete
Name: HAMMOND, JAMES A
Address: 3002 ST CONRAD
City-St-Zip: TAMPA, FL 33605 US

Title: D () Delete
Name: JONES, LOUIS REV
Address: 4217 N. 16TH STREET
City-St-Zip: TAMPA, FL 33610 US

Title: P () Delete
Name: KNOX, VIRGIA L
Address: 3626 CORD GRASS DRIVE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN KNOX

P

03/18/2007

Electronic Signature of Signing Officer or Director

_____ Date